

AGES:
11 - 14 YEARS OLDS



**American
Red Cross**

Junior Lifeguarding

Junior Lifeguard Course

The Junior Lifeguard program builds interpersonal skills through teamwork and interacting with the public. Our program encourages participants to develop a sense of responsibility and build a strong work ethic while forming healthful exercise patterns. The program provides continuing education in water safety, being aware of hazards in aquatic environments and basic water rescue skills. Added benefits include learning job skills for possible future employment, increased fitness and new friendships. Successful completion of the course will certify participants as a Junior Lifeguard and all participants will receive a CPR/AED and first aid certification along with a youth summer pass to the pool, volunteer hours needed for high school and a Junior Lifeguard shirt.

DATE: June 19 - 21 and 25 - 27

TIME: 8:00 am - 2:00 pm

LOCATION: Stayton Family Memorial Pool
400 W Virginia St, Stayton, OR

FEE: \$100.00
Make Check Payable to City of Stayton

AGES: 11- 14 years old

REGISTRATION: Please drop registration off at the Stayton Pool
Or online at staytonoregon.gov
(click the swimming pool link)
By June 15th to guarantee a spot .
Limited to 12 participant's only

INFORMATION: Contact Billie Maurer
Aquatic Facility Manager
Stayton Family Memorial Pool
P) 503-767-7665
E) bhightmaurer@ci.stayton.or.us

Prerequisites:

Before entering the Junior Lifeguarding course, participants must:

~Demonstrate the following skills:

1. Swim the front crawl for 25 meters continuously while breathing to the front or side.
2. Swim the breaststroke for 25 meters continuously while using a pull, breathe, kick and glide sequence.

~Complete the Water Competency Sequence

1. Step into the water from the side and totally submerge.
2. Maintain position for one minute by treading water or floating (or a combination of the two).
3. Rotate one full turn and orient to the exit.
4. Level off and swim on the front or back 25 yards.
5. Exit without using a ladder or steps.

Things to bring: Swimsuit, 2 towels, sack lunch and snack, bottle for water and a good attitude

Stayton Family Memorial Pool Junior Lifeguard Registration Form

Last Name: _____		First Name: _____	
DOB: _____	M/F: _____	School: _____	Grade: _____
Address: _____			
City: _____	State: _____	Zip: _____	
Primary Phone #: _____		Email Address: _____	

Mother/Guardian Name: _____		Day Ph#: _____
		Eve Ph#: _____
Father/Guardian Name: _____		Day Ph#: _____
		Eve Ph#: _____
Emergency Contact if parents unavailable: _____		
Day Ph#: _____		Eve Ph#: _____
Doctor's Name: _____		Ph#: _____
Preferred Hospital: _____		Ph#: _____
Insurance Co. Name: _____		Group ID#: _____

Consent Form-Please Read and Sign

I realize that this and all Stayton Family Memorial Pool programs involve certain inherent risks, and regardless of precautions taken the SFMP or the participants, injuries may occur. I agree that I have been informed of, understand and acknowledge those inherent risks. I certify that the participant's present level of physical condition is consistent with the demands of active participation in this SFMP program. I agree to forever release, discharge and covenant not to sue the SFMP for liability from any and all loss or damage, whether or not caused by negligence, either active or passive, by or on the behalf of the SFMP. I will indemnify and hold the SFMP harmless from any and all claims made by other. I assume all the risks and hazards incidental to the conduct of SFMP programs and I do further release, absolve, indemnify and hold harmless the SFMP, the organizers, sponsors, supervisors, volunteers and officials of any or all of them. In case of injury, I hereby waive all claims against the organizers, sponsors, staff or any of the supervisors appointed by them. I understand that there is a possibility my child may be asked to move to a different class time if the minimum enrollment is not met. I also acknowledge that participants may be photographed providing opportunity for SFMP promotions.

Minor Medical Release and Consent Form

As Parent and/or Guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of this participant in the even of a medical emergency as deemed necessary by the attending physician.

CHILDREN UNDER THE AGE OF 12 MUST BE ACCOMPANIED TO AND FROM ALL STAYTON FAMILY MEMORIAL POOL PROGRAMS.

Signature: _____

Printed Name: _____ **Date:** _____

For Office Use:

Rec'd By: _____ Payment type: _____ Amount: \$ _____